



MIKE CHANEY
Commissioner of Insurance
Fire Marshal

**STATE OF MISSISSIPPI
APPLICATION FOR AUTOMOBILE CLUB
COMPANY LICENSE
Privilege Tax: \$100.00**

Mississippi Insurance Department
501 N. West Street, Suite 1001 (39201)
Post Office Box 79
Jackson, Mississippi 39205-0079
Telephone: (601) 359-3569

Name _____

Home Office Address _____ Zip Code _____

Mail Address _____ Zip Code _____

Telephone Number _____ EIN: _____

does hereby apply for license to operate as an Automobile Club in the State of Mississippi for the year ending the last day of March.

And the said President and Secretary for and on behalf of said automobile club accept in good faith the terms and obligations of the Laws of Mississippi as a part of the consideration of its license. It is understood and agreed that said license, if issued, may be revoked as provided in said law. Miss. Code Ann. §§ 83-11-201 through 83-11-247 (Rev. 1999).

INSTRUCTIONS FOR ALL APPLICANTS: This form must be completed in its entirety. Make check payable to the Mississippi Insurance Department. This license is renewable annually on the last day of March.

Signature of President

Signature of Secretary

SWORN AND SUBSCRIBED BEFORE ME ON _____

My Commission Expires:

Notary Public